

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 016 ****61.25

DOCUMENT # N97000000661

1. Entity Name

DEBBIE LEAKEY MINISTRIES (D.L.M.), INC.

Principal Place of Business

5312 NE 6TH AVE
D20
FORT LAUDERDALE FL 33334

Mailing Address

5312 NE 6TH AVE
D20
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0728632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEAKEY, DEBBIE
4516 NW 5TH CT
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Same (Debbie Leakey)

Street Address (P.O. Box Number is Not Acceptable)

5312 NE 6th Ave. Unit D20

City

Ft. Lauderdale

FL

Zip Code

33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **LEAKEY, DEBBIE**
STREET ADDRESS **4516 NW 5TH CT**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DS** ☐ Delete
NAME **HUGHES, DELORES**
STREET ADDRESS **4516 NW 5TH CT**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DT** ☒ Delete
NAME **TRIMM, N. CINDY DR.**
STREET ADDRESS **4516 NW 5TH CT**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Debbie Leakey**
STREET ADDRESS **5312 NE 6th Ave. D20**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **DS** ☒ Change ☐ Addition
NAME **Hughes, Dolores**
STREET ADDRESS **5312 NE 6th Ave Unit D20**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Hughes, Dolores**
STREET ADDRESS **5312 NE 6th Ave Unit D20**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Debbie Leakey** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)